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LIMITED LIABILITY REINSTATEMENT
BC TOWER 7, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L05000105589

1. Limited Liability Company's Name

BC Tower 7, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Santa Maria, 121 main st,	Santa Maria, P.O. Box 258
Suite, Apt. #, etc. APT # B-6	Suite, Apt. #, etc. APT # B-6
City & State Ocho Rios, ST Ann	City & State Ocho Rios ST Ann
Zip / Country Jamaica	Zip / Country Jamaica

4. State/Country of Formation N/A

5. Date Organized or Qualified To Do Business in Florida 10/28/2005

6. FEI Number 203743388 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

E-mail Address: kgphillips@live.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Michele Holden, Asst. Secretary Date: 12/19/11
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David Phillips	One S.E.Third Avenue,28th floor	Miami FL 33131
	REINSTATEMENT - 2011		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: D. Phillips Date: 11/28/11 Daytime Phone #: 876-399-0007

Typed or printed name of signing Managing Member/Manager: David Phillips

C.J.